

Whatever tends to arouse excessive secretory activity within the eye, favors the development of the glaucomatous condition—especially if the sclerotic be unyielding. Secondary glaucoma frequently supervenes on various diseases that excite sufficient irritation to incidentally act in this way, *e.g.*, diffuse corneitis, serous iritis, traumatic cataract, &c. ; and displacements of the lens, as in case 5, or after couching. Thus in the case of a farmer, *æt.* 51, who came under treatment five months after the operation of couching had been done on his left eye, the ball was abnormally hard, the eye red and irritable, and occasionally painful, pupil fully dilated, sight very poor, the hard nuclear part of lens rocking to and fro on the ciliary processes and iris, and the posterior capsule opaque. There was sympathetic irritation of the right eye, excited by the glaucomatous condition of the other, and the patient was unable to do his work. The nucleus was removed through a linear wound at the margin of the cornea; and in a fortnight the patient was dismissed with both eyes comfortable. Couching is now very properly discarded, because in a very large percentage of cases it not only destroys the eye by secondary inflammation, but endangers the safety of its fellow.

The etiology and essential nature of glaucoma are not fully understood. We know that increased tension is its most characteristic symptom; that it is a disease of senility. The rigidity of the sclera seems to play a part in developing the disease. Females are more susceptible of the disease than males, and they are especially liable at and after the climacteric period. The disease seems to be hereditary, and, as a rule, it attacks both eyes, though not simultaneously.

The prognosis of glaucoma is very unfavorable if the disease be neglected or inefficiently treated, for it ultimately destroys the sight, and in many cases produces in addition harassing pain and physical debility.

The most important point in the treatment is to secure the permanent reduction of the excessive intra-ocular tension. This desideratum can only be effected by iridectomy. There is not an operative procedure in the whole range of general and special surgery that eclipses, in the rapidity and efficiency of its curative effects, iridectomy in acute glaucoma, as introduced by the late